The œdema remained absent until February, 1922, when he was again seen. Œdema was then present as before, and in addition there was marked cyanosis of the toes. He was treated with calcium lactate, gr. 10 t.d.s., until October, 1922, without benefit.

From December, 1922, to February, 1923, he received twelve intramuscular injections of "collosol calcium," 1 c.c., at weekly intervals. The œdema was absent for several days during January, 1923.

From February, 1923, to August, 1923, he received twenty-four intravenous injections of "afenil" (calcium-chloride-urea) at weekly intervals. The œdema was absent for short intervals, but no pronounced benefit resulted.

In October, 1923, his walking appeared more difficult, and there was a suggestion of slight spasticity of the right leg. The following physical signs were noted: Pupils and cranial nerves normal; arm-jerks moderate and equal; abdominal and epigastric reflexes absent; knee-jerks brisk, right slightly greater than left; ankle-jerks brisk, right ankle clonus; plantar reflexes flexor. Sensation everywhere normal; co-ordination normal. Other systems normal.

At no time did the urine show any albumin or casts. The blood yielded a negative Wassermann reaction, and the cerebro-spinal fluid showed a normal cell count and negative globulin, Wassermann and colloidal-gold reactions.

During 1925 he complained of occasional weakness of the right arm, but no abnormal signs were detected. At the present time, however, the right arm shows some general wasting as compared with the left ($\frac{3}{4}$ in. wasting forearm, and $\frac{1}{2}$ in. upper arm). Beyond the fact that the knee-jerks are rather brisker, his condition continues much the same. The right knee-jerk is brisker than the left; there is right ankle clonus and the abdominal reflexes remain absent. The plantar reflexes are variable, occasionally weakly extensor, but more often flexor.

COMMENTARY.

The original diagnosis, until the appearance of spasticity in the leg, was "angio-neurotic œdema." With the advent of signs suggesting the development of lateral sclerosis, the question of early syringomyelia was considered, the œdema being a possible, though rare, initial trophic change. Sensation to all forms of stimuli, however, have invariably been normal. At present, one is inclined to regard the case as a very slowly developing and somewhat abnormal form of amyotrophic lateral sclerosis, though even upon that supposition it is difficult to explain the appearance of intermittent œdema of the foot three years before any other sign.

Swelling of Finger.

By A. E. MORTIMER WOOLF, F.R.C.S.

SWELLING inside finger noticed since birth. Getting bigger lately; the mother thinks the swelling increased in ratio to the general growth.

On the palmar aspect of the middle finger (right hand) are two swellings situated on the proximal and intermediate phalanges. There is a smaller swelling on the dorsal aspect of the latter.

There is also a small subcutaneous swelling at the level of the insertion of the right deltoid.

Dr. PARKES WEBER thought the little nodules were neuromata of some kind. There were no molluscous fibromata or patches of cutaneous pigmentation to suggest Recklinghausen's disease.[1]

[1] *Corrigendum.*—These remarks were printed, by an error in the last number of the *Proceedings* (see No. 6, April, Clin. Sect. p. 42).